## HAND DELIVERED

**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**



				Office Use Only		
NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5		
Wiew Frontin	وال ال	PACLILI				
		11111				
ADDRESS (number and street)	131	T Brilair	wood Place	<u>,                                    </u>		
(Check if address	للل					
is changed)	Way	Ke Fore	<i>5.</i> 7	MC 2751817-		
			CITY	STATE ZIP CODE		
COMMITTEE'S E-MAIL ADDRE	SS (Pleas	e provide only one e	-mail address)			
(Check if address	We	lificion Ti	erpacegime	iller ClorM		
is changed)	الجنينا	bie ritigs e	ed seryahoo	a CIOIMIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
COMMITTEE'S WEB PAGE AD		/	/			
COMMITTEES WEB FAGE AD		•	B C P A C C C C C			
(Check if address is changed)						
		DEPTIVISE	EIRISTANEITT			
2. DATE 0 9 2	1 2	0.1.2				
3. FEC IDENTIFICATION NUMBER						
4. IS THIS STATEMENT	NEV	V (N) OR	AMENDED (A)			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.						
Type or Print Name of Treasure	er	Robert	D. Church			
Signature of Treasurer	STALL	to Ohl		Date 09 21 2012		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use Only			For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100			

5.

		COMMITTEE Committee:					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name Cand							
	lidate Affiliati	Office State on Sought: House Senate President District					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cane	e of lidate						
Par	y Cor	nmittee:					
(d)	ij. ii	(National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.					
Poli	tical A	action Committee (PAC):					
(e)	4	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:					
		Corporation Corporation w/o Capital Stock Labor Organization					
		Membership Organization Trade Association Cooperative					
		In addition, this committee is a Lobbyist/Registrant PAC.					
<b>(f)</b>	<b>/</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	draising Representative:					
(g)	975 3 4	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
(h)	( )) {	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, nene of which is an authorized committee of a federal candidate.					
	Com	nmittees Participating in Joint Fundraiser					
	1.	FEC ID number C					
	2.	FEC ID number C					
	3.	FEC ID number C					
	4.	FEC ID number C					

W	Write or Type Committee Name							
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor						
L		<u> </u>						
L								
	Mailing Address							
		CITY STATE ZIP CODE						
	Relationship:	Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor						
7.	Custodian of Records: Iden books and records.	ify by name, address (phone number optional) and position of the person in possession of committee						
	Full Name Robe	iriti Di alivinah IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII						
	Mailing Address	4.35 Briggrupold Plane						
	J							
		Wigikier Fiorneis Time I wid 27587-						
	Title or Position	CITY STATE ZIP CODE						
	PineisiideinTi	Telephone number 7119-355-201/6						
8.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).							
	Full Name of Treasurer	r.T. D. C. Lurch						
	Mailing Address	1135 Briarwood Place						
		Walker Forces Till Wid 27,587-LILL CITY STATE ZIP CODE						
	Title or Position	Telephone number 7/9-						
L	_	·						

CITY

Page 4

ZIP CODE

Name of Bank, Depository, etc.

FEC Form 1 (Revised 02/2009)

Mailing Address

LILILIAN STATE ZIP CODE

STATE

1203088491

Q

(3/2005)

## **Federal Election Commission** ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED